

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Weers et al.  Application No: 10/616,448 Confirmation No: 1036  Filed: July 8, 2003  Title: PHOSPHOLIPID-BASED POWDERSFOR INHALATION	Group No: 1616  Examiner: Ernst V. Arnold  Attorney Docket No: NK..0103.11  September 16, 2008 San Francisco, California 94107																		
Commissioner for Patents  <b>VIA EFS</b>	<b>Extension of Time</b> <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136																		
<b>Papers Enclosed</b>  <input checked="" type="checkbox"/> Amendment in Response to Non-Final Office Action <input type="checkbox"/> Declaration <input type="checkbox"/> 0 Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2" style="text-align: center;">Extension Fee</th> </tr> <tr> <th></th> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td style="text-align: center;">\$120.00</td> <td style="text-align: center;">\$60.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two Months</td> <td style="text-align: center;">\$460.00</td> <td style="text-align: center;">\$230.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1,050.00</td> <td style="text-align: center;">\$525.00</td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>Total \$ 460.00</b></td> </tr> </table> <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	Extension (Months)	Extension Fee			Large Entity	Small Entity	<input type="checkbox"/> One Month	\$120.00	\$60.00	<input checked="" type="checkbox"/> Two Months	\$460.00	\$230.00	<input type="checkbox"/> Three Months	\$1,050.00	\$525.00	<b>Total \$ 460.00</b>		
Extension (Months)	Extension Fee																		
	Large Entity	Small Entity																	
<input type="checkbox"/> One Month	\$120.00	\$60.00																	
<input checked="" type="checkbox"/> Two Months	\$460.00	\$230.00																	
<input type="checkbox"/> Three Months	\$1,050.00	\$525.00																	
<b>Total \$ 460.00</b>																			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	23	23	0	\$50.00	\$25.00	\$0.00
Independent Claims	3	3	0	\$210.00	\$105.00	\$0.00
Multiple Dependent Claims			0	\$370.00	\$185.00	\$0.00
Supplemental Information Disclosure Statement						
<b>Total</b>						<b>\$0.00</b>

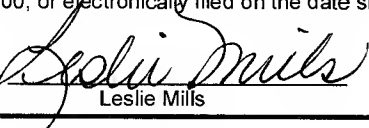
Fee Payment	Fee Deficiency						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Extension Fees</td> <td style="text-align: right;"><b>\$460.00</b></td> </tr> <tr> <td>Fees for Extra Claims</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td><b>Total</b></td> <td style="text-align: right;"><b>\$460.00</b></td> </tr> </table>	Extension Fees	<b>\$460.00</b>	Fees for Extra Claims	\$ 0.00	<b>Total</b>	<b>\$460.00</b>	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
Extension Fees	<b>\$460.00</b>						
Fees for Extra Claims	\$ 0.00						
<b>Total</b>	<b>\$460.00</b>						

☐ Attached is check no. \_\_\_\_\_ in the sum of \$0.00.

☒ Please charge Deposit Account No. 10-0258 in the sum of **\$460.00**.

**CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a)**

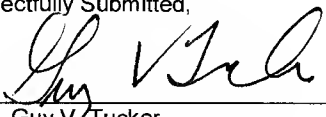
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at (571) 273-8300, or electronically filed on the date shown below.

By:  Date: September 16, 2008  
 Leslie Mills

Please direct telephone calls to: Guy V. Tucker at (415) 538-1555

Please continue to send correspondence to:  
 Janah & Associates, P.C.  
 650 Delancey Street, Suite 106  
 San Francisco, CA 94107

Respectfully Submitted,

By:  Date: September 16, 2008  
 Guy V. Tucker  
 Registration No. 45,302